



ELECTRONIC PROOF OF CLAIM PROGRAM

OVERVIEW

The Electronic Proof of Claim (ePOC) program permits proofs of claims and certain other types of documents to be filed directly from the court's website. Submitting an ePOC document for entry in the claims register does not require a CM/ECF login. In addition, no claim form is needed for submitting an original or amended proof of claim – the data entered in the ePOC system will create and file an Official Form B 10 – Proof of Claim, although the filer must upload any supporting documents as PDF files. The following types of documents may be filed with the court using the ePOC program:

- Proof of Claim – Original or Amended
- Withdrawal of a Claim
- Rule 3002.1 Claim Supplements:
 - Notice of Mortgage Payment Change
 - Notice of Postpetition Fees, Expenses, and Charges
 - Response to Notice of Final Cure Payment

(Note: Other types of documents, such as notice of a transfer of a claim or request for payment of an administrative expense, require a CM/ECF login for electronic filing. Creditors may apply for a Limited Filer CM/ECF user account at the court's website: www.hib.uscourts.gov.)

SIGNATURES

Submitting a document in the ePOC system in full compliance with the court's procedures - including accurately entering the data requested, acknowledging the filer's duty to redact protected personal identifiers, properly uploading documents as PDF files, and correctly entering a randomly generated verification code – shall serve as the submitting individual's signature on the documents, with the same force and effect as if that individual had signed a paper copy of the document.

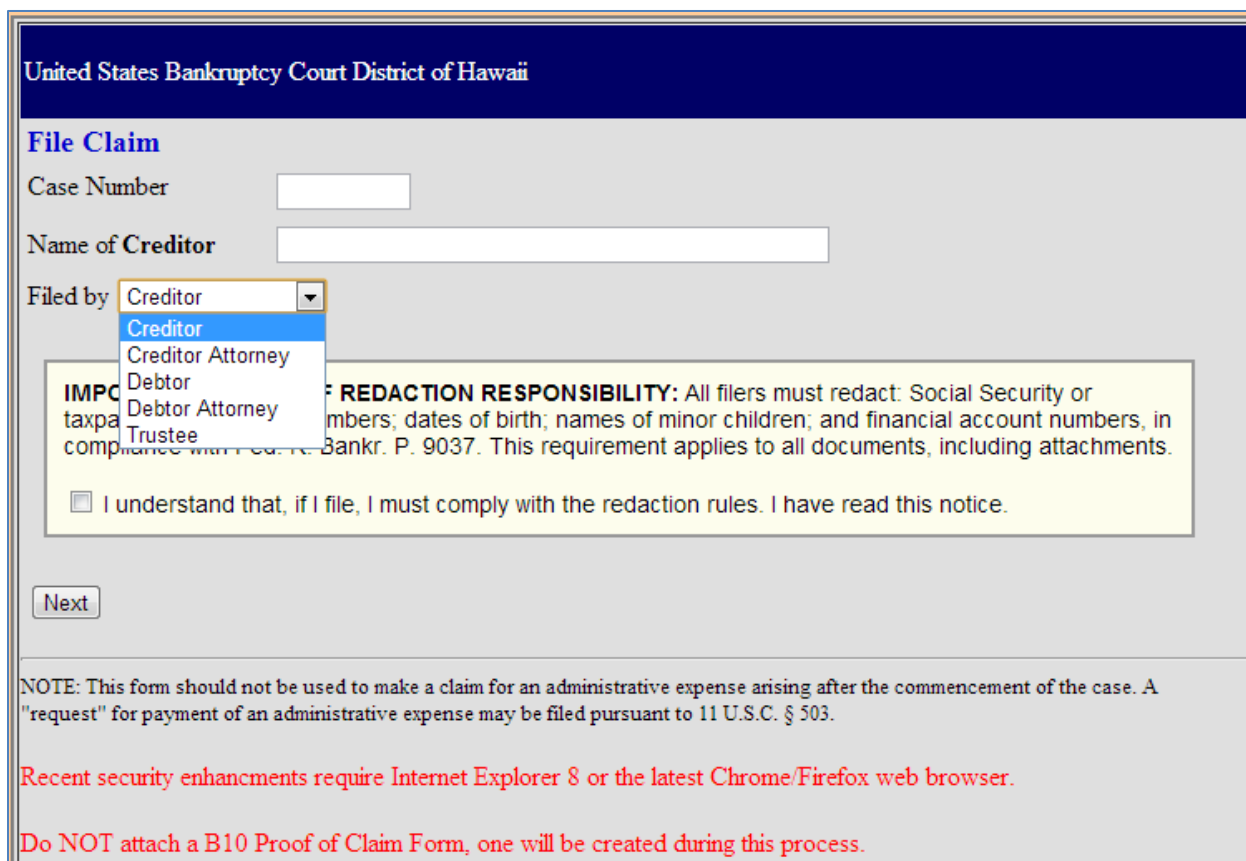
TECHNICAL REQUIREMENTS

Browser: The ePOC program requires use of Internet Explorer 8 or the latest version of Chrome and Firefox.

PDFs: When submitting an original or amended proof of claim, the ePOC program will create and file a completed, signed claim form, a copy of which may be printed or saved as part of the process. However, any supporting documents and attachments must be uploaded as PDF files. Documents other than proofs of claim also need to be prepared as PDFs in order to be uploaded and filed with the court. Each PDF file may be created by scanning or using software, and should not exceed 20 MB in size.

FILE A PROOF OF CLAIM – ORIGINAL OR AMENDED

- 1 From the home page on the court's website, click **Electronic Proof of Claim**.
- 2 Read the General Information about the ePOC program. When ready, click **>SUBMIT an original or amended claim**.
- 3 The File Claim screen displays.



United States Bankruptcy Court District of Hawaii

File Claim

Case Number

Name of Creditor

Filed by

IMPC **REDACTION RESPONSIBILITY:** All filers must redact: Social Security or taxpa numbers; dates of birth; names of minor children; and financial account numbers, in compliance with Fed. R. Bankr. P. 9037. This requirement applies to all documents, including attachments.

☐ I understand that, if I file, I must comply with the redaction rules. I have read this notice.

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Recent security enhancements require Internet Explorer 8 or the latest Chrome/Firefox web browser.

Do NOT attach a B10 Proof of Claim Form, one will be created during this process.

- Enter the case number.
- Enter the name (or a portion of the name) of the creditor filing the claim. If only a portion of the creditor's name is entered, the program will pull all the creditors in the case that contain the entered letters.
- Select the party type filing the claim using the dropdown list. Note: Select **Creditor Attorney** if you are the creditor's attorney and would like to record the creditor address and your address on the claim form and be added to the creditor list.
- Read the redaction notice and check the box to confirm compliance with Fed. R. Bankr. P. 9037.
- Click **Next**.

- 4 If you selected **Creditor Attorney** as the filing party on the previous screen, you will be prompted to enter your name and address. Enter the information and click **Next**.

United States Bankruptcy Court District of Hawaii

Name of Attorney

Address where notices should be sent

(City, State, Zip) -

Next

Your name will be added to the PDF of the claim and to the creditor list for this case. For example:

B10 (Official Form 10) (04/13)		PROOF OF CLAIM
UNITED STATES BANKRUPTCY COURT District of Hawaii		FILED U.S. Bankruptcy Court District of Hawaii 11/7/2013 Michael B. Dowling, Clerk COURT USE ONLY
Name of Debtor: Paws Clause	Case Number: 13-00133	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Bank of Barclay		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: Bank of Barclay 448 Pacific Coast Place San Francisco, CA 49484		
Telephone number: _____ email: _____		
Example Attorney 888 Oceanside Avenue Honolulu, HI 96811		

- 5 Select the creditor filing the claim or select **Creditor not listed** to add a new creditor.

United States Bankruptcy Court District of Hawaii

Select Creditor

☐ **ABC Bank Loans**
123 Loan Lane
Los Angeles, CA 93303

☐ **Bank of Barclay**
448 Pacific Coast Place
San Francisco, CA 49484

☐ **Blue Skies Federal Credit Union**
5958 King Street, Suite 100
Honolulu, HI 49484

☐ **Xpress Furniture**
9339 Barclay Bay Blvd.
Honolulu, HI 49484

☐ Creditor not listed

- 6 The **Claim Information** screen displays. Complete the proof of claim form by entering all the appropriate information that applies to your claim. You may click on the instructions hyperlinks to view official instructions and definitions.

Case and Creditor Information

United States Bankruptcy Court District of Hawaii	
Debtor **	Paws Clause
Case Number	13-00133
Name of Creditor	ABC Bank Loans
Address where notices should be sent	123 Loan Lane Los Angeles, CA 93303
Telephone Number:	<input type="text"/>
Email:	<input type="text"/>

Note: The Bankruptcy Court for the District of Hawaii requires users of the ePOC program to provide a phone number for the Creditor's contact person. Filers will not be allowed to proceed if this information is not provided.

- Verify the debtor name and case number.
- Verify the creditor information.
- Enter the creditor's telephone number and email address. The telephone number is required and filers will not be allowed to continue if this information is not provided.

Payment Address

If the payment address differs from the address where notices should be sent, check the box and add the payment address information.

<input checked="" type="checkbox"/> Payment Address differs from Notice Address	
Address where payments should be sent	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(City, State, Zip)	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
Telephone Number:	<input type="text"/>
Email:	<input type="text"/>

Amended Claim

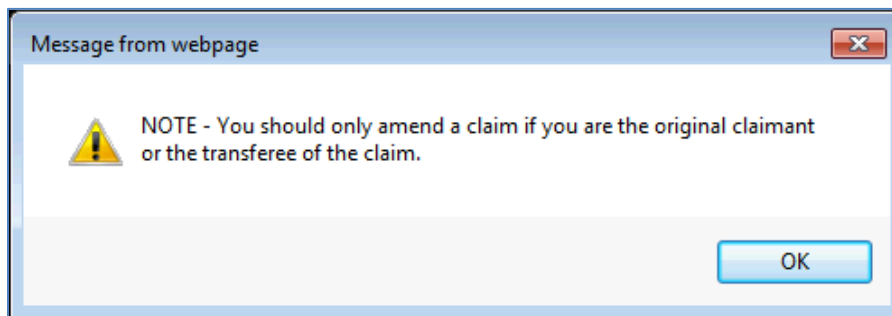
If you are filing an amended claim, check the box located above Item 1:

☒ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number:

Filed on:

A warning message displays advising that only the original claimant or transferee of the claim should amend a claim. Click **OK** to continue.



Click the **Court Claim Number** dropdown arrow to view a list of claims filed by the creditor. Select the claim number to be amended. The **Filed on** date will automatically populate based on the claim number selected. **Be sure to select the correct claim number.**

☒ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number:

Filed on:

Unknown Amount of Claim

If you do not know the amount of the claim at this time, enter "0.00" and a brief explanation in the **Comment** box. Be sure to attach documentation to support your explanation.

1. Amount of Claim as of Date Case Filed:

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.
If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

If you have entered a claim amount of \$0, the claim amount is unknown, or the claim is unliquidated, please enter a brief explanation.
Comment:

The PDF of the submitted claim will include “See Attachments” for the claim amount.

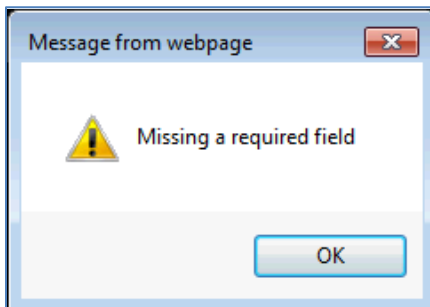
1. Amount of Claim as of Date Case Filed: <u>\$See Attachments</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: _____ (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)

The entered explanation will display in the Remarks section on the claims register.

Creditor: (670930) Xpress Furniture 9339 Barclay Bay Blvd. Honolulu, HI 49484	Claim No: 2 Original Filed Date: 11/07/2013 Original Entered Date: 11/07/2013	Status: Filed by: CR Entered by: ADE Modified:
Amount claimed: \$0.00		
History: Details 2-1 11/07/2013 Claim #2 filed by Xpress Furniture, Amount claimed: \$0.00 (ADE)		
Description:		
Remarks: (2-1) Filer Comment: Unknown at this time		

Required Fields

If a required field is not completed, the following message displays:



Click **OK** and the cursor will appear in the box that is missing information.

The following fields are required:

- Creditor Telephone Number
- Item 1 - Amount of Claim as of Date Case Filed
- Item 1 - Comment (required only if a claim amount of 0.00 has been entered)
- Item 8 – Role of the individual filing the claim (e.g., *I am the creditor, I am the creditor’s authorized agent, etc.*)
- Item 8 – Signature of individual submitting the claim and declaring that the information is true and correct

Supporting Documentation

If you would like to upload supporting documents, click **Yes** in the **Attachments** section of the claim. You will be prompted to upload supporting documents after the claim is submitted.

Attachments:

- Necessary documentation can be attached to the Proof of Claim after the information for the form is submitted.
- Attachments to the Proof of Claim are required to be PDF files.
- Attachments to the Proof of Claim are NOT to exceed 20 Mb in size.
- Multiple attachments to the Proof of Claim are permitted.

Do you wish to attach supporting documentation? ☒ Yes ☐ No

- 7 When you are done entering the applicable claim information, enter the **Verification Code** and click **Submit Claim**.

9164 Enter Verification Code (code is all numbers)

** Verify debtor name(s) prior to submitting claim to be filed.

- 8 If you selected **Yes** to the earlier prompt to attach supporting documentation, you will do so now.

United States Bankruptcy Court District of Hawaii

SUPPORTING DOCUMENTATION (files should be limited to 20 Mb in size.)

No file selected.

- Click **Browse** to choose the PDF for upload.
- Open it by right-clicking on your mouse and viewing the PDF to verify you have selected the correct document.
- Double-click on the file or click the Open button in the lower right corner of the File Upload pop-up box to select the PDF for uploading.
- Click **Add Attachment**.
- To upload additional attachments, click **Add Additional Attachment** and repeat the process.
- Once all PDFs have been uploaded, click **File Proof of Claim**.

- 9 After clicking **Submit Claim** and/or **File Proof of Claim**, a verification screen displays. Click the claim number hyperlink to view, print and/or save your filed claim.

United States Bankruptcy Court District of Hawaii
Successful verification ...
Processing
Your claim was successfully filed in case number 13-00133. Your claim number is 1.
Open in new window: Click 1 to view/print your filed claim.
<i>Note: Any attachment(s) added will NOT be available to view/print unless you have a Pacer account.</i>
File additional claims

Sample filed proof of claim:

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT District of Hawaii		PROOF OF CLAIM
Name of Debtor: Paws Clause	Case Number: 13-00133	<div style="font-size: 24pt; font-weight: bold;">FILED</div> <div style="font-weight: bold;">U.S. Bankruptcy Court District of Hawaii</div> <div style="font-size: 18pt; font-weight: bold;">11/6/2013</div> <div style="font-weight: bold;">Michael B. Dowling, Clerk COURT USE ONLY</div>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): ABC Bank Loans		
Name and address where notices should be sent: ABC Bank Loans 123 Loan Lane Los Angeles, CA 93303		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Telephone number: _____ email: _____		
Name and address where payment should be sent (if different from above): ABC Bank Loans Payment Dept. PO Box 1234 Honolulu, HI 96813 Telephone number: _____ email: _____		
1. Amount of Claim as of Date Case Filed: \$ <u>643.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: _____ (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate (when case was filed) ____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		
Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ <u>643.00</u>		
5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. §507(a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5).
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a) _____.
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim (See instruction #6)		

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain: _____

8. Signature: (See instruction #8) Check the appropriate box.

☒ I am the creditor.

☐ I am the creditor's authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent.
(See Bankruptcy Rule 3004.)

☐ I am a guarantor, surety, indorser, or other codebtor.
(See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Claim Filer

Title: _____

Company: _____

Address and telephone number (if different from notice address above):
ABC Bank Loans
888 Park Avenue
New York, NY 30333
 Telephone number: _____ email: _____

/s/ Claim Filer
 (Signature)

11/8/2013
 (Date)

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

WITHDRAWAL OF A CLAIM

To withdraw a previously-filed claim, you must first create a document which withdraws the claim. The document should include the following information: filing party, case number, debtor name(s), claimant name, claim number and amount, and reason for the withdrawal. The document must also include the name of the individual authorizing the withdrawal. You may use local form hib_3006-1 *Notice of Withdrawal of Claim*, which is posted in the Forms section of our website at www.hib.uscourts.gov.

- ① From the home page on the court's website, click **Electronic Proof of Claim**.
- ② Read the General Information about the ePOC program. When ready, click **>SUBMIT a withdrawal of a claim (PDF required)**.
- ③ Read the explanation. Click **Withdraw Claim** to continue.

United States Bankruptcy Court District of Hawaii

DO YOU WANT TO FILE A WITHDRAWAL OF CLAIM OR AN AMENDED CLAIM?

A **withdrawal of claim** is typically filed when the claim was filed in error and there are no funds due the creditor. If you file a withdrawal of claim in a case where you have received distributions from the Trustee, the Trustee will contact you regarding a refund of those funds.

An **amendment of a claim** is filed when there is a change in the amount due, the classification of the claim or if there is documentation that needs to be added or changed. If you wish to file an amended claim, click on "Proof of Claims" check the box to indicate the claim is amending a previously filed claim; and enter the pertinent information on the claim form.

- ④ The filing screen displays.

United States Bankruptcy Court District of Hawaii

File Notice of Withdrawal of Claim

Case Number

Name of Creditor

IMPORTANT NOTICE OF REDACTION RESPONSIBILITY: All filers must redact: Social Security or taxpayer-identification numbers; dates of birth; names of minor children; and financial account numbers, in compliance with Fed. R. Bankr. P. 9037. This requirement applies to all documents, including attachments.

☐ I understand that, if I file, I must comply with the redaction rules. I have read this notice.

- Enter the case number.

- Enter the name (or a portion of the name) of the creditor withdrawing its claim. If only a portion of the creditor's name is entered, the program will pull only the claims in the case that contain the entered letters.
- Read the redaction notice and check the box to confirm compliance with Fed. R. Bankr. P. 9037.
- Click **Next**.

5 The withdrawal screen displays.

United States Bankruptcy Court District of Hawaii

Case Number13-00133
Debtor **Paws Clause

Select Claim(s) to be Withdrawn

Claim	Creditor	Total Claimed	Filed
<input type="checkbox"/> 1	ABC Bank Loans	\$0.0	11/07/2013
<input type="checkbox"/> 2	Xpress Furniture	\$0.0	11/07/2013
<input type="checkbox"/> 3	Bank of Barclay	\$333.0	11/07/2013

Documents:

- Documents are required to be PDF files.
- Documents are NOT to exceed 20 Mb in size.
- The Proof of Claim being withdrawn should NOT be attached to represent the withdrawal of claim document.

Select the Notice of Withdrawal of Claim (required)
Browse...

Penalty for making a false statement: **Fine of up to \$500,000 or imprisonment for up to 5 years, or both.**
18 U.S.C. §§ 152 and 3571.

2325
Enter Verification Code

Submit Withdrawal of Claim
Clear Form
** Verify debtor name(s) prior to submitting withdrawal.

- Verify the case number and debtor name.
- Select the claim(s) to be withdrawn. **Be sure you are selecting the correct claim to withdraw.**
- Click **Browse** to choose the PDF of the notice of withdrawal of claim for upload.
- Open it by right-clicking on your mouse and viewing the PDF to verify you have selected the correct document.
- Double-click on the file or click the Open button in the lower right corner of the File Upload pop-up box to select the PDF for uploading.
- Review the penalty for making a false statement.
- **Enter Verification Code.**
- Click **Submit Withdrawal of Claim**.

- 6 The verification screen displays.

United States Bankruptcy Court District of Hawaii

Successful verification ...

Processing


The following Withdrawal of Claim has been filed

Case Name: Paws Clause
Case Number: 13-00133
Docket Text: Withdrawal of Claim No. 3 (Bank of Barclay).


Notice of this filing will be electronically mailed to all attorney and trustee parties associated in this case.

[File additional Withdrawals](#)

- 7 The withdrawal of claim is docketed in CM/ECF.

11/07/2013	 2 (1 pg)	Withdrawal of Claim Nos. 3 (Bank of Barclay) (Entered: 11/07/2013)
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- 8 The withdrawal is also reflected on the claims register.

Creditor: (670928) Bank of Barclay 448 Pacific Coast Place San Francisco, CA 49484	Claim No: 3 Original Filed Date: 11/07/2013 Original Entered Date: 11/07/2013	Status: Withdrawn 2 Filed by: CR Entered by: ADE Modified:
Amount claimed: \$333.00 Unsecured claimed: \$333.00		
History: Details  3-1 11/07/2013 Claim #3 filed by Bank of Barclay, Amount claimed: \$333.00 (ADE) 2 11/07/2013 Withdrawal of Claim Nos. 3 (Bank of Barclay) Status: Withdrawn		
Description:		
Remarks:		

RULE 3002.1 CLAIM SUPPLEMENTS

The ePOC program may also be used to file notices related to chapter 13 claims pursuant to Fed. R. Bankr. P. 3002.1: Notice of Mortgage Payment Change, Notice of Postpetition Fees, Expenses, and Charges and Responses to Notice of Final Cure Payment.

- ① From the home page on the court's website, click **Electronic Proof of Claim**.
- ② Read the General Information about the ePOC program. When ready, click **>SUBMIT a Rule 3002.1 claim supplement (PDF required)**.
- ③ Read the explanation. Click **Claim Supplement** to continue.

United States Bankruptcy Court District of Hawaii

Proof of Claim
B 10 Supplements

By clicking "Claim Supplement" below, the filer understands he/she is required to serve the notice submitted on the debtor, debtor's counsel, and the trustee and confirms that a certificate of service is attached to the Supplement.

- ④ The filing screen displays.

United States Bankruptcy Court District of Hawaii

File Claim Supplement

Case Number

Name of Creditor

IMPORTANT NOTICE OF REDACTION RESPONSIBILITY: All filers must redact: Social Security or taxpayer-identification numbers; dates of birth; names of minor children; and financial account numbers, in compliance with Fed. R. Bankr. P. 9037. This requirement applies to all documents, including attachments.

☐ I understand that, if I file, I must comply with the redaction rules. I have read this notice.

- Enter the case number.
- Enter the name (or a portion of the name) of the creditor supplementing its claim. If only a portion of the creditor's name is entered, the program will pull only the claims in the case that contain the entered letters.
- Read the redaction notice and check the box to confirm compliance with Fed. R. Bankr. P. 9037.
- Click **Next**.

- 5 The supplemental screen displays.

United States Bankruptcy Court District of Hawaii

Case Number 13-00133
Debtor Paws Clause

Select Claim to be Supplemented

Claim	Creditor	Total Claimed	Filed
<input checked="" type="radio"/> 1	ABC Bank Loans	\$0.0	11/07/2013
<input type="radio"/> 2	Xpress Furniture	\$0.0	11/07/2013
<input type="radio"/> 3	Bank of Barclay	\$333.0	11/07/2013
<input type="radio"/> 4	ABC Mortgage Company	\$365411.0	11/07/2013

☐ Check this box if your claim is NOT listed above. Otherwise, select the claim from the above list.

Type of Supplement to be Filed (select one):

☒ Supplement 1 - Notice of Mortgage Payment Change
☐ Supplement 2 - Notice of Postpetition Fees, Expenses, and Charges
☐ Response to Notice of Final Cure Payment

Documents:

- Documents are required to be PDF files.
- Documents are NOT to exceed 20 Mb in size.
- The Proof of Claim being supplemented should NOT be attached. The Supplement and the Certificate of Service need be attached as a single PDF.

Select the Supplemental PDF (required) Browse...

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

2016 Enter Verification Code

Submit Supplement Clear Form ** Verify debtor name(s) prior to submitting supplement.

- Verify the case number and debtor name.
- Select the claim to be supplemented. **Be sure you are selecting the correct claim to supplement.**
- If the claim has NOT been filed, check the box indicating that your claim is NOT listed above and enter the **Creditor Name**.
- Click **Browse** to choose the PDF of the supplemental document for upload. **The supplement and certificate of service must be attached as a single PDF.**
- Open it by right-clicking on your mouse and viewing the PDF to verify you have selected the correct document.

- Double-click on the file or click the Open button in the lower right corner of the File Upload pop-up box to select the PDF for uploading.
- Review the penalty for making a false statement.
- **Enter Verification Code.**
- Click **Submit Supplement.**

6 The verification screen displays.

United States Bankruptcy Court District of Hawaii

Successful verification ...

Processing

The following Supplement of Claim has been filed

Case Name: Paws Clause

Case Number: 13-00133

Docket Text: Supplement of Claim No. 4 (ABC Mortgage Company).

[File additional Supplements](#)

7 The supplement displays on the claims register.

Creditor: (670936) ABC Mortgage Company 9383 Pacific Place Suite 1000 Honolulu, HI 96813 Amount claimed: \$365411.00 Secured claimed: \$365411.00	Claim No: 4 Original Filed Date: 11/07/2013 Original Entered Date: 11/07/2013	Status: Filed by: CR Entered by: ADE Modified:
History: <div style="display: flex; align-items: center;"> Details <div style="margin-left: 10px;"> <div style="border: 1px solid red; border-radius: 50%; padding: 2px 5px; display: inline-block;">4-1</div> 11/07/2013 Claim #4 filed by ABC Mortgage Company, Amount claimed: \$365411.00 (ADE) </div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid red; border-radius: 50%; padding: 2px 5px; display: inline-block;">doc</div> 11/07/2013 Notice of Mortgage Payment Changes of Claim No. 4 filed by ABC Mortgage Company </div>		
Description: Remarks:		

8 If you checked the box indicating that your claim was NOT listed, the claim supplement will be display on the docket sheet.

10
(1 pg)

Notice of Mortgage Payment Changes filed by XYZ Mortgage Company (Entered: 12/04/2013)